ARIZONA STATE BOARD OF HEALTH State File No BUREAU OF VITAL STATISTICS Registered No. 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH District or Township hose dal or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 6. Legitimate? 7. 4. Twin, triplet or 6ther. 3. Sex of Child To be answered ONLY in event of plural Month Year 5. No., in order of birth..... births. MOTHER **FATHER** Full maiden name 15. Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race 11. Age at last birthday (Years) 17. Age at last birthday 13. Birthplace (city or place) 12. Birthplace (city or place). (State or country) (State or country) 19. Occupation 13. Occupation Nature of Industry Nature of Industry 21. Were precautions taken against oph-(a) Born alive and now living. 20. Number of children of this mother..... thalmia neonatorum? (b) Born alive but now dead Q. (Taken as of time of birth of child herein (c) Stillborn certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 03 I hereby certify that I attended the birth of this child, who was work a .m .on the date above stated. *When there was no attending physician Signature Ox or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Physician or midwife.) shows other evidence of life after birth. Given name added from Address. 🗸 a supplementl report.....

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Registrar.

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